

**DETERMINATION OF NEED
 (MEDICAL ASSISTANCE)**

Case Name _____	Prior Medical Period	From _____	Through _____	Through _____
Case Number _____	Redetermination Period	From _____	Through _____	Through _____
	Eligibility Base Period	From _____	Through _____	Through _____
		From _____	Through _____	Through _____

From:	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Through:	_____	_____	_____	_____	_____	_____	_____

A. MONTHLY EARNED INCOME							
1. Gross Income	_____	_____	_____	_____	_____	_____	1
2. IRWE/BWE Dependent Care Exp	- _____	- _____	- _____	- _____	- _____	- _____	2
3. Adjusted Gross Earned Income	= _____	= _____	= _____	= _____	= _____	= _____	3
B. MONTHLY UNEARNED INCOME							
4. OASDI-RR	_____	_____	_____	_____	_____	_____	4
5. Other	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____	5
6. Other	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____	6
7. Gross Unearned Income	= _____	= _____	= _____	= _____	= _____	= _____	7
C. FINAL COMPUTATION							
8. Total Income (3 + 7)	_____	_____	_____	_____	_____	_____	8
9. MS Disregard	- _____	- _____	- _____	- _____	- _____	- _____	9
10. Allocated Income/Child Support	- _____	- _____	- _____	- _____	- _____	- _____	10
11. Countable Income	= _____	= _____	= _____	= _____	= _____	= _____	11
12. Number of Months	X _____	12					
13. Income for Period	= _____	= _____	= _____	= _____	= _____	= _____	13
14. Irregular Income in Period	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____	14
15. Total Countable Income	= _____	= _____	= _____	= _____	= _____	= _____	15
16. Protected Income (or Poverty Level Standard)	- _____	- _____	- _____	- _____	- _____	- _____	16
17. Total Spenddown	= _____	= _____	= _____	= _____	= _____	= _____	17
18. Medical Insurance and Other	- _____	- _____	- _____	- _____	- _____	- _____	18
19. Client Obligation or Adjusted Spenddown	= _____	= _____	= _____	= _____	= _____	= _____	19

Approved-Suspended							
Denied							
Eligible: No spenddown or Spenddown Met, Including LTC							

Initial Date							
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PROTECTED INCOME TABLE					POVERTY LEVEL STANDARDS					Computation and Documentation			
Persons in LTC, except HCBS, have \$62 monthly protected needs allowance. Persons in HCBS have a \$727 monthly income standard.					No. of Persons	Mo. 300%	Mo. 200%	Mo. 150%	Mo. 133%		Mo. 100%	Mo. 120%	Mo. 135%
No.	Persons	in Independent of Living			Counted	Level	Level	Level	Level	Level	Level	Level	Level
Mos.	1	2	3	4	1	\$2708	\$1805	\$1354	\$1201	\$ 903	\$1083	\$1219	\$1670
	1	\$ 475	\$ 475	\$ 480	2	\$3643	\$2429	\$1822	\$1615	\$1215	\$1457	\$1640	\$2247
	2	\$ 950	\$ 950	\$ 960	3	\$4578	\$3052	\$2289	\$2030	\$1526	\$1831	\$2060	\$2823
	3	\$1426	\$1426	\$1440	4	\$5513	\$3675	\$2757	\$2444	\$1838	\$2205	\$2481	\$3400
	4	\$1990	\$1990	\$1920									
	5	\$2375	\$2375	\$2400									
	6	\$2850	\$2850	\$2880									
For five or more persons, use the Group V column of Table 1.													